

PART B - FEE(S) TRANSMITTAL

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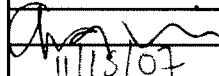
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**LUCE, FORWARD, HAMILTON & SCRIPPS LLP
11988 El Camino Real, Suite 200
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Anna M. Skolnick	(Depositor's name)
	
(Signature)	
(Date) 11/15/07	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789,672	02/27/2004	Hiroshi Harada	30390-13	7562

TITLE OF INVENTION: RECEIVING DEVICE, RECEIVING METHOD, AND PROGRAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$1740.00	01/02/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS	
Leon Viet Q. Nguyen		2611		375-229000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mitchell P. Brook, Esq.

2 Luce, Forward, Hamilton & Scripps LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

**NATIONAL INSTITUTE OF INFORMATION
AND COMMUNICATIONS TECHNOLOGY
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
- Publication Fee (No small entity discount permitted)
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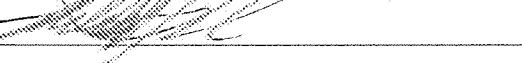
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2298 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 11/15/07

Typed or printed name Mitchell P. Brook, Esq.

Registration No. 32,967

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